

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 02/07/96 2 Serial/Patent # 08/517901

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing	3	10/20/95	\$ 2.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 2.00

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

☐ Treasury Check

☒ Credit Deposit A/C #:

9 01--0477

*P TO Charged too much money*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: DORA STROUD

TITLE: ? worker

SIGNATURE: Dora Stroud

PHONE: 308-1202

OFFICE: For Team 0220

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: Audrey Guyman

DATE: 3/11/96

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: